

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	800	71058	4/1/00
O.I.P.E. CLASSIFIER		5	-1-5-1-0
FORMALITY REVIEW	VK	64/49	6-12-00
RESPONSE FORMALITY REVIEW			7-23-00

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
" .....	Allowed	I .....	Interference
— (Through numeral) .....	Canceled	A .....	Appeal
+ .....	Restricted	O .....	Objected

Claim	Final	Original	Date
1	1	1	
2	2	2	
3	3	3	
4	4	4	
5	5	5	
6	6	6	
7	7	7	
8	8	8	
9	9	9	
10	10	10	
11	11	11	
12	12	12	
13	13	13	
14	14	14	
15	15	15	
16	16	16	
17	17	17	
18	18	18	
19	19	19	
20	20	20	
21	21	21	
22	22	22	
23	23	23	
24	24	24	
25	25	25	
26	26	26	
27	27	27	
28	28	28	
29	29	29	
30	30	30	
31	31	31	
32	32	32	
33	33	33	
34	34	34	
35	35	35	
36	36	36	
37	37	37	
38	38	38	
39	39	39	
40	40	40	
41	41	41	
42	42	42	
43	43	43	
44	44	44	
45	45	45	
46	46	46	
47	47	47	
48	48	48	
49	49	49	
50	50	50	

Claim		Date
Final Original		
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
67		
68		
69		
70		
71		
72		
73		
74		
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		

[illegible]

**BEST AVAILABLE COPY**

**If more than 150 claims or 10 actions  
staple additional sheet here**